

DOCUMENT RESUME

ED 330 183

EC 300 155

AUTHOR Ellis, Mickie
TITLE A Multi-Educational Approach to Improving Teacher Skills with Special Needs Preschoolers in Group Settings.
PUB DATE 23 Sep 90
NOTE 75p.; Practicum Report, Nova University. For the related resource manual, see EC 300 156.
PUB TYPE Dissertations/Theses - Practicum Papers (043)
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Disabilities; Inservice Teacher Education; Mainstreaming; Preschool Education; Program Effectiveness; Teacher Attitudes; *Teacher Improvement; *Teaching Skills

ABSTRACT

The practicum developed and implemented an inservice teacher education program to improve services to exceptional children in group settings based on a newly developed resource manual, two workshop series, and observation/evaluation of teachers in their classes on a bimonthly basis over a period of 8 months. Eighty-nine preschool teachers completed the program. The most significant changes in behaviors, attitudes, and abilities were with teachers who were initially in the fair to good category. Teachers initially evaluated as poor generally remained in this category. The multi-educational approach provided theoretical information based on research findings, screening tools, specific and information and techniques for the management and care of these children in group situations. The training manual was rated as positive by 84% of the teachers. A group of experts surveyed also evaluated the manual positively. Workshops which involved first instructor demonstrations and then the preschool teacher demonstration of skills were rated positively by 95% of participants. Appendixes include organizational information, the evaluation questionnaires, and comparative studies of referrals. Includes 73 references (DB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED330183

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☒ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

A MULTI-EDUCATIONAL APPROACH TO IMPROVING
TEACHER SKILLS WITH SPECIAL NEEDS
PRESCHOOLERS IN GROUP SETTINGS

Mickie Ellis

Cluster 28

A Practicum II Requirement of the Ed.D. Program
in Early and Middle Childhood in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Education

NOVA UNIVERSITY

1990

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Mickie J. Ellis

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

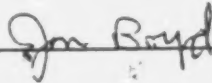
EC 300155

PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier:

Jon Boyd



Co-ordinator, Preschool Diagnostic & Treatment Program
Title

40 Green St. Kitchener, Ontario
Address

September 23, 1990

Date

This practicum report was submitted by **Mickie Ellis** under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

Date of Final Approval of Report

Polly Peterson, Ph.D., Adviser

ABSTRACT

A Multi-Educational Approach to Improving Teacher Skills with Special Needs Preschoolers in Group Settings. Ellis, Mickie, 1990: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Exceptional Children /Early Childhood Educators/Advanced Training/Diagnosis/Program Planning/Treatment/Prognosis/Norms/Deviations.

This practicum was designed to strengthen and develop skills of teachers working with exceptional preschoolers in group settings in an effort to provide increased placement opportunities for these children. The primary goal was to provide advanced training through a multi-educational approach. A second goal was to expand the scope of knowledge which would enable early childhood educators to recognize children in need of assessment and/or individual programming.

A practical resource manual "The Special Needs Child: Strategies for Treatment and Management" which was used as a training guide for a series of workshops including "hands-on" demonstration as well as an evaluation component were developed by the writer. Teacher performance was observed on a bi-monthly basis. Evaluative questionnaires were administered to early childhood educators and professional experts.

Analysis of the data revealed that the multi-approach proved to be a positive experience for early childhood educators. Competence and confidence showed improvement. Teachers indicated that the manual was a helpful reference resource. Experts in the field responded positively to manual content.

TABLE OF CONTENTS

	Page
ABSTRACT	iii
TABLE OF CONTENTS	iv
LIST OF FIGURES	vi
Chapter	Page
I INTRODUCTION	1
Description of Work Setting and Community.	1
Writer's Work Setting and Role	2
II STUDY OF THE PROBLEM	5
Problem Description.	5
Problem Documentation	7
Causative Analysis	9
Relationship of the Problem to the Literature.	9
III ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS.	16
Goals and Expectations	16
Behavioral Objectives.	16
Measurement of Objectives.	17
Mechanism for Recording Unexpected Events.	17
IV SOLUTION STRATEGY	19
Discussion and Evaluation of Possible Solutions.	19
Description and Justification for Solution Selected.	21
Report on Action Taken.	23
V RESULTS, CONCLUSIONS AND RECOMMENDATIONS	25
Results	25
Discussion and Conclusions.	33
Recommendations.	34
Dissemination.	35
REFERENCES	37

Appendices

Page

A	ORGANIZATIONAL CHART: PSYCHIATRIC SERVICES	44
B	ADMINISTRATION ORGANIZATION	46
C	EVALUATIVE OBSERVATION ON TEACHER PERFORMANCE	48
D	TEACHER SATISFACTION QUESTIONNAIRE (MANUAL)	50
E	TEACHER SATISFACTION QUESTIONNAIRE (WORKSHOPS AND "HANDS-ON" DEMONSTRATIONS)	52
F	COMPARATIVE STUDIES: REFERRALS AND PLACEMENTS	54
G	FOLLOW-UP QUESTIONNAIRE TO EARLY CHILDHOOD EDUCATION CENTRES	57
H	EVALUATIVE QUESTIONNAIRE (EXPERTS IN THE FIELD)	62
I	CONTENTS OF INFORMATION MANUAL	65

LIST OF FIGURES

Figure		Page
1	Evaluation of Teacher Performance Interaction with child	26
2	Evaluation of Teacher Performance Understanding behavior	26
3	Evaluation of Teacher Performance Dealing with behavior/situation	26
4	Evaluation of Teacher Performance Providing guidance	27
5	Evaluation of Teacher Performance Individual program/care.	27
6	Teacher Rating of Manual.	29
7	Teacher Rating of Workshops/Demonstrations.	30
8	Expert Evaluation of Manual	31

CHAPTER I

INTRODUCTION

Description of Work Setting and Community

The setting was the Preschool Diagnostic and Treatment Program, an intricate part of a child and family centre attached to the outpatient area of psychiatric services at a general hospital. The hospital was located in a twin city area with a joint population of approximately 250,000 and was considered a progressive educational centre with two universities and a community college. In a children's needs study done in 1982, a number of social variables were examined: (a) the proportion of the population receiving general welfare assistance benefits, (b) tax return categories, (c) those receiving legal aid, (d) infant mortality rate, (e) family size, and (f) dependency ration. Results obtained from this social indicator analysis indicated that this area was an average community.

The Preschool Diagnostic and Treatment Program, as part of the child and family service, was an integral part of Psychiatric services. This department was responsible for all psychological services provided by the hospital. The chief psychologist reported to the president through the senior vice-president (see organizational charts - Appendices A and B).

The general philosophy of the psychology department recognized that psychological problems were not limited to presenting symptoms. Full recognition of all aspects of an individual's functioning was required

for effective assessment, treatment and consultation.

Writer's Work Setting and Role

The philosophy of the Preschool Diagnostic and Treatment Program was to provide assistance to exceptional children and their families through diagnosis and treatment. The program, based on a multi-disciplinary team approach, consisted of social workers, psychometrist/psychotherapists, and early childhood educators. Psychologists provided supervision as appropriate. In addition, speech pathologists, occupational therapists, a child psychiatrist, and a pediatrician provided regular consultative services to the program.

The family workers met with the families on a weekly basis in a variety of ways; as a total family, with the parents and occasionally on an individual basis. Home visits were also a part of the family assessment and parent groups were an on-going part of the program. The psychometrist/psychotherapist worked more directly with the referred child although contact with the family both directly and indirectly (through the family worker) was a crucial part of the diagnosis of the child. This position required skill and training. The writer's undergraduate degree was a double major in psychology and sociology. A masters degree in childhood psychopathology and a second one in education - (Early Childhood Special Needs) were also part of her training.

The writer has had ten years experience dealing with normal preschoolers while directing a prekindergarten school for 45 children ages three to four years. For the past 14 years she has been in her present position at a clinical setting, as senior member of the multi-

disciplinary team which directs and staffs the Preschool Diagnostic and Treatment Program. The job description of psychometrist as set out by the hospital Department of Psychology Manual (1988) reads:

Primary Duties: Under the direct supervision of a qualified psychologist, psychometrists II may perform any of the following functions for which they are qualified by virtue of their training and experience: Psychological assessment of children, adolescents, adults, couples, or families (including assessment of intellectual potential and current functioning, learning abilities, academic aptitude and achievement, neuropsychological functioning, personality characteristics, interpersonal skills, and family dynamics) by means of diagnostic interviews, direct observation, and/or the use of psychological tests. They may also provide psychological treatment to individuals, couples, families or groups.

Psychometrists II will prepare assessment reports incorporating observations, interview data, and test findings into an integrated formulation of patients' strengths and problems, with recommendations for any treatment or additional assistance that may be required. When providing treatment services, they will write the required reports and treatment notes. All these reports and notes will be reviewed by the supervising psychologist.

Additional Duties: Psychometrists II may also be involved in consultation to agencies and other professionals, research, and administrative tasks. They may serve on Departmental, Service Unit, or Hospital committees, and may participate in the training of Psychology Interns, students from other disciplines, or other Hospital staff.

Requirement for Supervision: While all psychological services provided by Psychometrists II must be supervised by a psychologist, the frequency and intensity of supervision required will vary with the individual's skills, experience, and demonstrated competence in the services he/she is asked to provide.

Personal Requirements: Individuals employed as Psychometrists II must be able to relate well to patients and must be able to establish harmonious working relationships with professional colleagues of all health disciplines and with students in training.

As part of the Preschool Diagnostic and Treatment Program duties and responsibilities were more specific, that is, focus of assessment was on young children. However, the age for both assessment and treatment was extended to 12 years of age. While there was in-depth work done with the preschoolers (two to six years) at the time of their involvement in the program, psychometrists followed the children into the public school system and/or preschool settings on a consultative basis and engaged in individual treatment on a long or short term basis as required. They also worked with parents in terms of behavior management in the home following the assessment of the child.

The writer, as senior staff and as a result of experience and specific skills, had the added responsibility of consulting with and supervising early childhood educators in the program. Another added responsibility involved public relations with the community which took the form of lecturing at community colleges, universities, preschool centres, and community agencies.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

A review of referral records on the Preschool Diagnostic and Treatment Clinic over the past five years indicated the types of difficulties experienced by children who were accepted in the program. Approximately eighty to one hundred children were served yearly. Of this number the majority of these preschool children were diagnosed as having moderate to severe handicaps. A further breakdown revealed the following proportion of exceptionalities: children with behavioral disorders (attentional deficit disorder, oppositional disorder and conduct disorder) 38%; developmental disorders (autism including dyslexia and developmental learning disabilities) 24%; personality and emotional disorders (childhood depressions, borderline personality disorders, childhood schizophrenia, fears and anxieties including separation anxiety, phobias, obsessive-compulsive and gender disturbances) 18%. Children suffering from physical disorders such as hearing or visual impairment, convulsive or seizure disorders or diagnosed syndromes - tourettes, sickle cell anemia, prader-willi, celiac disease, sanfillipo and others represented 8% but were not included due to time restrictions. The remaining 12% reflected children who, for one reason or another, were not given a specific diagnosis.

The Preschool Diagnostic and Treatment Program's primary function was to provide an in-depth assessment, recommendations to parents and in most instances place the children in appropriate programs within the community. A small percentage of children (if they were unable to fit into available centres or did not meet residential requirements) remained within the program as treatment cases. Treatment was seen as short term, the goal being to ready the child for community placement.

Because of the limitations of placements within the program, the dilemma and it was a significant one, was how and where to find placements for the severely affected and considerable number of children requiring, at the very least, some group experience before entering the public or separate school systems. Unfortunately, this community was limited to only five integrated preschool facilities (no treatment facilities for this age group).

Experience in the past in placing children had been a hit and miss affair. None of the centres, including the integrated ones, had a mandate to work with severely handicapped children nor were they trained to do so. In fact, it was always seen as inappropriate, not to mention unfair, that centres should be expected to provide placements for these children. Not only was it stressful for staff but could reflect poorly on a centre when such a placement ended in failure or turned into a disaster for the child and family.

It was to the credit of the staff and the preschool that such placements were considered since the children would otherwise remain at home (often splitting marriages asunder) or received clinical treatment of one hour a week - a drop in the bucket for such severe difficulties

as borderline functioning, autism etc. In most cases centres and the staff showed a real interest and a great deal of caring in wanting to help these children. However, the breakdown in placements, stress experienced by staff and the regression of children involved in these less than ideal placements needed careful consideration and a plan of action.

The problem to be resolved was the limited number of facilities able to provide appropriate placement for special needs children. The reluctance by centres to become involved was interfering with the development and treatment of a considerable number of young children.

Problem Documentation

In 1981 a study of preschool children (0-6 years) with special needs was conducted by the region. In order to identify every special needs child and ascertain if their needs were being met, all programs, agencies and resources were monitored over a period of two years. This study acknowledged the limited appropriate placements available, particularly for children with severe problems. Further investigation revealed the reluctance of day cares and preschool centres to become involved with these children primarily because of the lack of training and resources available.

A second study of children's needs and services was done in 1985. Two approaches were used: (a) gathering opinions and perceptions of knowledgeable people in the community (population surveys, key informant surveys, service provider surveys and public hearings) and (b) collecting, analyzing and interpreting secondary data and service

statistics from agencies in the field (census data, social indicator inventory information). Recommendations from this study stressed the need for assessment services, day treatment programs and more "special" placements in preschool centres for young children as identified by three or more agencies.

Recently a comparative study of child placements was done by the Preschool diagnostic and Treatment Program. This study looked at diagnosis, gender, age, and placement over the past four years. Information from this study confirmed that referrals had steadily increased for all categories while placement opportunities continued to be very limited. Very few children with personality and psychotic disorders were placed during the last two years. The on-going demand for day care spaces for normal children appeared to interfere with the holding of spaces for special needs children.

Follow-up questionnaires were routinely forwarded to centres who accepted children diagnosed by the Preschool Diagnostic and Treatment Clinic. This was an attempt to provide further program suggestions if necessary, check on the child's progress and provide support to the staff. As well, this was a means of studying the success (or failure) of the placement. In examining information documented on these questionnaires over the past five years, particular attention was given to failure rate. It was noted that failure rate of placement breakdown had also increased representing a yearly breakdown of 45%. As one example, out of four childhood schizophrenics placed in that time frame only one was able to remain in the centre of choice. It was hypothesized that with the increase of severity of at least some

difficulties, staff were unable to cope with the situation. Additionally, numbers in most centres increased dramatically which indicated the need for highly skilled personnel in these environments.

Causative Analysis

Why were centres reluctant to accept special needs children? One could speculate that because of the ever increasing waiting lists for so called normal children, day care administrators felt no obligation to consider special needs children to keep their centres running at full capacity. Further, it was well documented (information taken from preschool follow-up questionnaires) that staff in most facilities did not feel knowledgeable or skillful enough to work with severely handicapped children. This was a real concern since there were very few resources and very limited consultation available to them.

Psychometrists in the Preschool Diagnostic and Treatment Program had in the past tried to extend themselves to provide assistance in the form of initial consultation, theoretical information on the problem as well as initial program suggestions. A formalized plan was not developed to provide these services. Program administrators, rather than consider long term benefits to the Preschool Diagnostic and Treatment program by devising a plan whereby readily available and appropriate placement for diagnosed children would be possible, instead continued to deal with this very real problem on a day to day basis.

Relationship of the Problem to the Literature

The regional studies on children's needs (1981/1985) confirmed the

need for additional placements with knowledgeable and skilled staff, early intervention and appropriate programming for special needs children at as early an age as possible.

A review of the literature supported these perceptions. The Children in dire need of help were those with specific problems. As far back as 1954, Spitz was concerned about depression in young children and in particular "anaclitic depression" in infants who had been separated from their mothers. Reactions included sadness, withdrawal, slowed movement, apprehension, loss in weight, appetite and sleep. Cytryn and McKnew (1974) reported on three forms of childhood depression based on clinical manifestations, namely, masked depression (hyperactivity, poor social adjustment, aggressive and disruptive behavior); acute depressive reaction (withdrawal, sleep disturbance, failure, severe separation anxiety) and chronic depression (screaming or weeping episodes, severe weight loss, insomnia and suicidal thoughts). Bowlby's (1973) classic description of attachment, separation and loss speaks to the importance of the availability of a caring adult in the development of self-reliance.

French and Berlin (1979), Garfield and Galombeck (1974), Kazdin (1989), Puig-Antich and Weston (1983) have all addressed the pervasive toll that depressive symptoms take on young children. In particular, Kazdin (1989) has researched the need for assessment, modalities of treatment and possible beneficial effects of medication.

The effects of autism on the young child has been reported and studied continually since its identification in 1943 by Kanner. He described children who experience severe difficulties with language,

unusual response to sound and people, who experience a world in such a different and unique way as to result in a child who cannot cope or tolerate people or the environment. Konstantareas (1978) has done significant research on the acquisition of language in autistics. Rimland (1971), Rincover (1975), Rutter (1974), Wing (1966) have also done extensive work with and writing on this unusual disorder in young children. The need for special placement for these children is crucial.

Attentional Deficit Disorder with or without hyperactivity has been given a great deal of attention in the past few years. The increased number of children with ADD in centres has been phenomenal. The newest revision of the DSM-III-R (1988) listed this problem with hyperactivity only. While there is a multitude of definitions for ADD/H, Karnski's (1983) description reflects that of other investigators such as Mash and Terdal (1988), Kinsbourne and Caplan (1979) and Davis (1983). These children have an intrinsic inability to selectively focus attention resulting in a short attention span, impulsivity and excessive motor behavior.

A somewhat related difficulty is developmental learning disabilities (DLD). While there has been a great deal of ambivalence as to whether or not DLD was experienced by children at the preschool level, it has now been established by such authorities as Hammill (1981), Kinsbourne and Caplan (1979), Thomas, Chess and Birch (1968) and Walden and Thompson (1981) that not only do children of this age suffer from this disorder but they can readily be detected through psychological assessment. Early intervention and treatment for children displaying such symptoms as disorders of listening, thinking, talking and perception has proven

to be extremely beneficial.

Childhood schizophrenia, a severe and debilitating disorder, requires a clear understanding of the syndrome in working with these children. In 1969 Bender attempted to describe this disorder. He provided characteristics such as marked pervasive deviations, severe continued impairment of emotional relationships, bizarre behavior, uneven cognitive functioning, loosening of associations and a tendency to lose contact with reality. The DMS-II (1968) statement, "Because the essential features of affective disorders and schizophrenia are the same in children and adults" (p. 61), reflected the difficulty in describing accurately the features in early childhood (many adult features could not possibly apply to children). Connors (1971), Bond (1984), Slater (1960) have done considerable research on genetic connections. Mahler's (1968) concept of symbiotic psychosis and Bowlby's studies on maternal deprivation and separation anxiety have contributed in terms of important stages of development. Geleerd (1958) reported on the damage conflict can inflict on the child's developing innate ego apparatus. Spotnitz (1976) observed "If the child does not discharge this impulsivity at all but lets it accumulate in an emotionally impoverished ego, ... it may fragment the ego and push him over the threshold into schizophrenia" (p. 29). Enger (1979) believed that therapeutic work with preschool children could be beneficial in that conflicts were not fully internalized and defences were less rigid.

The negativism and defiant behavior of the oppositional child could readily develop into the more severe disability of the conduct disordered child. Bandura (1973), Brinich (1984) and Deluty (1981) have

contributed theories on aggression in young children in terms of developing oppositional behavior. Antisocial behavior seen at this age, its prevalence, prognosis and prospects have been studied by Locher (1982), Robins (1974) and in particular Snyder and Brown (1983). Conduct disorder, on a continuum with oppositional disorder has all its features plus other more serious behaviors, such as cruelty to animals and people, disobedience, destructiveness, stealing, lying and cheating. Patterson (1982) suggested that children with this disorder displayed social incompetence. Allen (1976) found a close association between conduct disorders and ADD. Dodge (1980) noted that aggressive children responded in a distorted way to social cues.

Despite the fact that Mahler (1949), Beres (1956), Ekstein and Wallerstein (1954) and A. Freud (1965) have provided descriptions of young children who "fit the now confirmed syndrome of borderline functioning, it has taken more recent research by Chethik (1985), Rinsley (1982) and Kernberg (1983) to specify this syndrome as a form of pathology in its own right. Cohen, Shaywitz and Young (1983) have reported on a growing body of evidence that confirmed the presence of this syndrome among preschoolers. Kernberg (1975) described these children as having low frustration and impulse control, engage in severe temper tantrums, have poor interpersonal relationships, unintegrated self-other bonds, fluctuation in functioning and bizarre phobias. Shaywitz and Shaywitz (1984) stressed the need for overall and continuous therapy (group, individual, family) so that prognosis for these children would be more favorable.

Lambert (1988) summarized authoritative sources relevant to

decision-making on appropriate placement of children in special education programs. The major issue appeared to be the ability of skilled persons to work with handicapped children. Strain (1984) provided a review of three conceptual issues pertinent to a clear understanding of early intervention and appropriate treatment. Coren and McKale (1985) emphasized that children should be placed in facilities close to their homes.

Takanishi and Feshbach (1982) addressing the issue of mainstreaming preschool children, stressed the positive effect of teacher preparation in terms of support and understanding. Maple's (1983) study of teaching excellence was inconclusive. However, some issues were identified such as the importance of teacher competence, professional growth and developing a code of professional ethics. She concluded that many more trained special education teachers were needed to accommodate the ever increasing numbers of special needs children. Baker and Zigmond (1990) investigating regular classes as being able to accommodate young students with learning disabilities, found that teacher attitude and the extent to which they could accommodate individual differences impacted negatively or positively on students and the success of the placement.

A study of expressive language deficits in terms of development of self by Ruben (1982) was primarily carried out in a therapeutic setting. Nevertheless, conclusions revealed that the ability of the child to form a healthy relationship with an adult whether it was the parent, therapist or teacher was necessary to help the child achieve a stable sense of self. Ruben believed that a cooperative effort of all

three (parent, therapist and teacher) was needed.

The ability to provide appropriate IPP's was an important aspect of the intervention study done by Bricker and Lettmen (1982). The implication being that teachers must be knowledgeable in producing such program plans. Findings confirmed this hypothesis. Sherburne (1988) researched possible procedures to reduce violence or aggression in preschool children. While the treatment modes were successful, much of the success was due to the ability of the adult in carrying out the treatment procedure. Thus, training for teachers working with aggressive children becomes paramount.

In summarizing this literature review, the need for skilled people to work with preschool special needs children in integrated centres in close proximity to their homes was abundantly clear. The literature clearly indicated the many implications and the wide variety of considerations which must be addressed when attempting to provide for exceptional Preschoolers. The findings of these studies suggested several possible effective methods. The formulation of a plan of action required refinement and application.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal was to educate early childhood educators and others working directly with special needs children to a better understanding of the theory, behavior, treatment and management of severely affected children with a variety of difficulties. In realizing this goal preschool facilities would be more open to accepting exceptional children into their program.

Behavioral Objectives

The following objectives would be realized:

1. Early childhood educators would develop skills needed to assist special needs children in reaching their full potential.
2. Staff would use the manual developed specifically as a training guide in working with these children.
3. Workshops and action oriented "hands-on" demonstrations would be used to train staff.
4. Staff would become more adept at recognizing exceptional children who needed assessment referrals.
5. Experts in the field would confirm contents of manual as accurate and appropriate.

Measurement of Objectives

The extent to which early childhood educators' (and others') attitudes, knowledge, understanding and skills improved in how children were handled, treated and programmed for was evaluated through observations on a bi-monthly basis (Appendix C) over an eight month period.

Information collected from teachers on teacher satisfaction questionnaires on the manual (Appendix D), workshops, and "hands-on" demonstrations (Appendix E) was used to measure the effectiveness of these methods in terms of educating on the treatment and management of exceptional preschoolers by early childhood educators.

The added benefit to these teachers was the ability to begin to recognize a variety of disorders in young children early in its course so that they would receive assessment (referral), early intervention and treatment. This objective was measured through comparative studies (1989 vs 1990) on referrals and placements through the Preschool Diagnostic and Treatment Clinic.

Follow-up questionnaires (Appendix G) routinely sent to centres who accepted special needs children into their programs provided information on the appropriateness (or the failure) of the placement.

Mechanism for Recording Unexpected Events

All of the questionnaires provided space for comments. However, to cover the more significant unexpected event, routine periodic follow-up contacts were recorded in an on-going journal. Similar journals were provided to centres involved in the training program for the reporting

of possible difficulties, comments, or questions regarding any part of the process. The writer was responsible for checking on each step of the implementation plan.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The writer conducted a brain storming session at several Preschool Diagnostic and Treatment team meetings. The purpose was to address the very real problem of where to appropriately place children with disorders once they had been diagnosed through the program. Several supervisors of both integrated and half-day preschools were interviewed to obtain ideas for possible placement sources. All of these sources provided creative ideas such as inservice to centres, instituting courses at the community college level, raising funds to support additional training for staff members or submitting a proposal for funding for the establishment of a treatment centre.

A search of the literature revealed many additional interesting ideas. While not always specifically related, some relevant ideas were generated. Messer and Lerner's (1989) study looked at the possible benefits of word processing for learning disabled children. They found that many of these children had difficulty with expressing their ideas in written form. As a result, word processing proved to be a way for these children to improve skills in written expression.

Frank, Keith and Steel (1988) provided training for special education paraprofessionals in terms of a "match" between teacher needs

and paraprofessional's skills. Findings indicated that a large majority of special education teachers were satisfied with the performance of their paraprofessionals.

Walden and Thompson (1981) reviewed some alternative approaches to drug management of hyperactivity in children. While they agreed that medication was helpful in some instances they took a strong stance that it should only be used after alternatives had been exhausted. Techniques and strategies to provide more individualized programs such as environmental manipulation, curriculum modifications, behavior management and affective attitude consideration to meet the child's needs and learning style were considered more important.

Minuchin and Shapero (1983) promoted the acquisition of consultation skills by means of stimulating techniques for regular class room teachers by engaging in joint planning of educational programs for learning disabled children. Wishon (1982) emphasized the importance of being knowledgeable about early indicators of developmental risk.

Friedman (1982) spoke to the development of therapeutic technique in the treatment of certain personality disorders in ego disturbed children. Yamamota (1988) gave step by step suggestions for planning the establishment of preschool programs. Elements considered were identifying participants, designing the delivery system and pinpointing the target population. In designing the delivery system stress was put on the involvement of family and the home component. Although he defined who the program should serve, specifics of how this would be carried out were not included except to say that both severely disabled

as well as children who have less severe needs would be contacted.

Smith and Lyons (1986) in their study to determine the types of consultation cases most likely to succeed, collected data by sending questionnaires to a suitable population (parents and professionals). The return was disappointing. Since professionals, whom one would assume to be motivated were reluctant to respond, it would seem that response to questionnaires sent to parents, most likely under stress would be even less receptive.

Pearson (1984) found that traditional methods of giving information to nursing students resulted in poor class attendance. However, a large percentage were receptive to the use of audiovisual resources since it would stimulate a variety of senses in the listener and thus increase effectiveness. A significant advantage was that a more accurate visual description and understanding evolved. It was seen as a newer approach of disseminating useful information. Other advantages included multiple levels of messages, simplicity of operation and low level cost.

Description and Justification for Solution Selected

While the review of the literature focused on many aspects of the problem and provided information on the actual implication of different teaching strategies, the most practical and realistic ideas came from people directly involved with the problem. The early childhood educators in the Preschool Diagnostic and Treatment program, while appearing to be the "experts" on troubled children, were in fact feeling overwhelmed and greatly in need of in-service training. This feeling

was confirmed in the interviews with centre supervisors. By far the most pressing request was for short term education specifically related to the special needs child. The requests were threefold: a more in-depth understanding of the specific disorder; behaviors indicative of each disorder and management and treatment (or teaching) strategies to better provide for these children in their centres.

The need for increased training focused on two components. Staff were already trying to deal with very difficult children in their centres often with no idea or understanding of the problem, muddling along as best they could with questionable benefit to the child. Secondly, because of the stress involved most staff members shied away from accepting "known" troubled children into their programs. In response to the pressing need for additional education on childhood disorders, the decision to provide workshops, active "hands-on" demonstrations together with written information presented in a straight forward and concise manner in a readily available training manual appeared to be the best possible solution.

The manual consisted of three parts. It covered issues pertaining to the "so called" normal child (age appropriate norms, behaviors); screening tools, global program suggestions for the special child and more specific information and techniques on behavioral disorders (ADD, oppositional and conduct disorders); developmental disorders (autism, developmental learning disorders); and personality and emotional disorders (childhood depression, borderline personality disorder, childhood schizophrenia, fears and anxieties). Workshops and demonstrations were based on this information so that staff would have

a ready and practical reference.

Report on Action Taken

Following the decision to provide educative opportunities for early childhood educators, a training manual "The Special Needs Child: Strategies for Treatment and Management" was produced by the writer.

- research of materials on specific problems
- screening tools specific to the problem
- normal vs deviant scales
- group behaviors also specific to the diagnosis
- treatment/program guidelines
- evaluative questionnaires

This manual was used as a focus and resource for workshops, hands-on demonstrations and referral information. The actual implementation included:

- two series of workshops, three months apart which included "hands-on" demonstrations by the writer during the first series and by the early childhood educator during the second series, were presented to ten Early Childhood Education Centres (approximately 121 staff).
- Early Childhood Educators were observed and evaluated using the "Evaluative Observation of Teacher Performance Screening" on a bi-monthly basis (Appendix C).
- Early Childhood Educators used "Teacher Satisfaction Questionnaires" (Appendix D and E) to evaluate the manual and workshops.

- Experts in the field (two psychologists, two pediatricians, two speech pathologists, one child psychiatrist, two social workers, two elementary teachers and one principal) evaluated content of the manual using "Evaluative Questionnaire (Experts in the Field) (Appendix H).
- Information on "Comparative Study of Referrals for 1989 vs 1990" made to Preschool Diagnostic and Treatment Centre (Appendix F) was collected and researched.
- In addition, all request for additional workshops (eight), hands-on demonstrations (six) and consultations (ten) were followed up.
- Logs were kept in all centres in considerable detail. These notes proved helpful in documenting suggestions, failures and unexpected events.

CHAPTER V
RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Results

It was anticipated that early childhood educators and others working directly with special needs children would develop (or improve) skills needed to assist them in helping these children in reaching their potential. Results obtained from the various questionnaires proved to be, in most instances, as hypothesized.

Over the period of eight months, teachers in the program were observed on four different occasions at which time the Evaluative Observation Information on Teacher Performance (Appendix C) scale was used. This evaluative tool looked at the teacher's interaction with the child, understanding of the behavior, ability to deal appropriately with the behavior or situation, ability to make judgments and provide necessary guidance (structure, self esteem, discipline, unconditional positive regard etc.) and to provide appropriate individual programming and care. Figures 1-5 show the amount of movement in each category over the four observations. Out of the 121 persons who started in the program 92 actually were observed bi-monthly (368 observations times two hours each). Several teachers were not available consistently. Thirteen requested that they be excused from the observations due to discomfort with being observed.

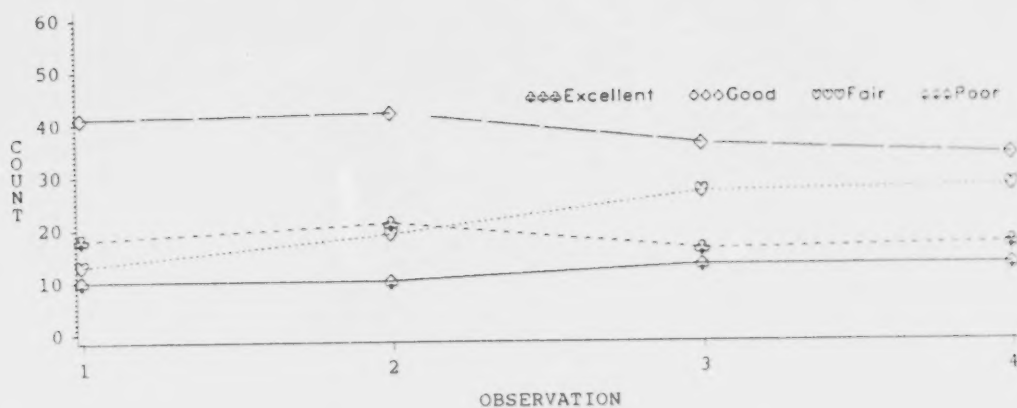


Figure 1 Evaluation of Teacher Performance - Appendix C
Question 1 - Interaction With Child

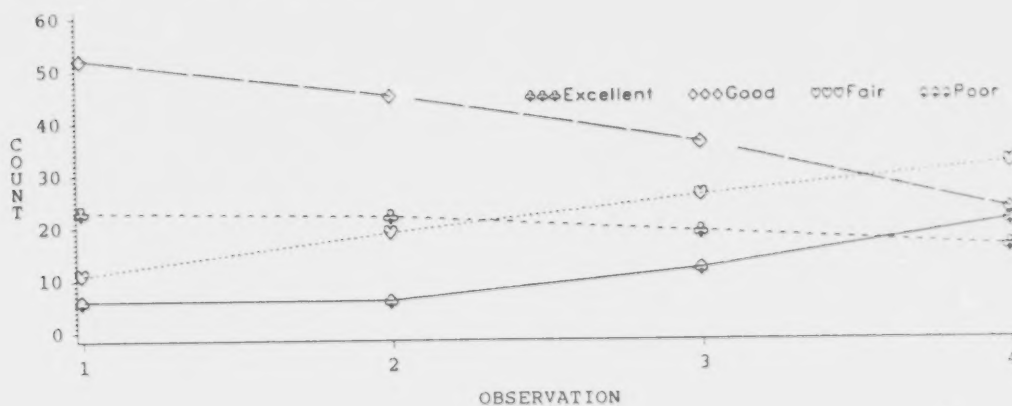


Figure 2 Evaluation of Teacher Performance - Appendix C
Question 2 - Understanding Behaviour

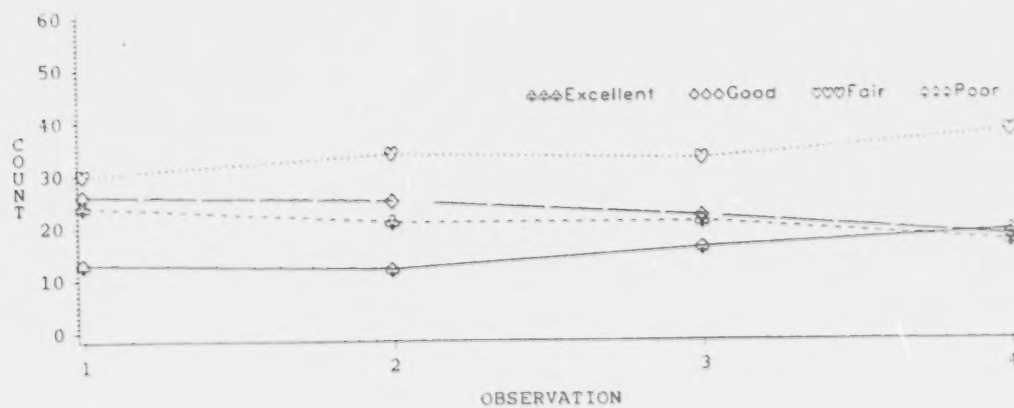


Figure 3 Evaluation of Teacher Performance - Appendix C
Question 3 - Deal With Behaviour / Situation

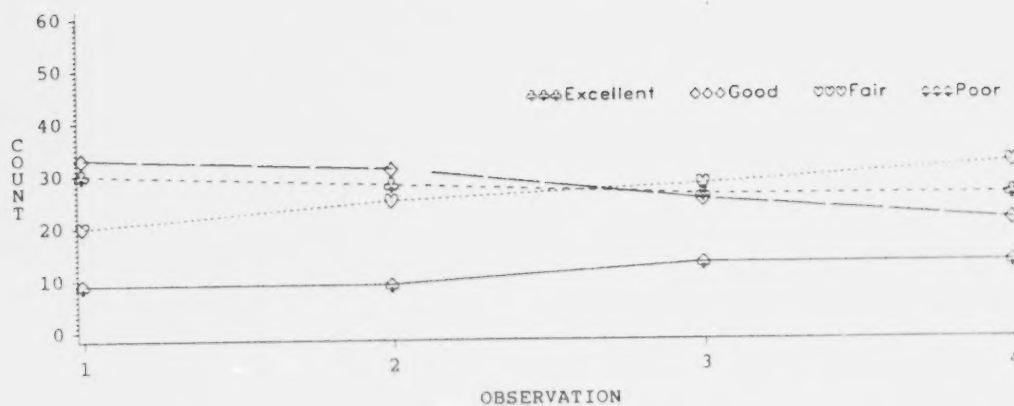


Figure 4 Evaluation of Teacher Performance - Appendix C
Question 4 - Provide Guidance

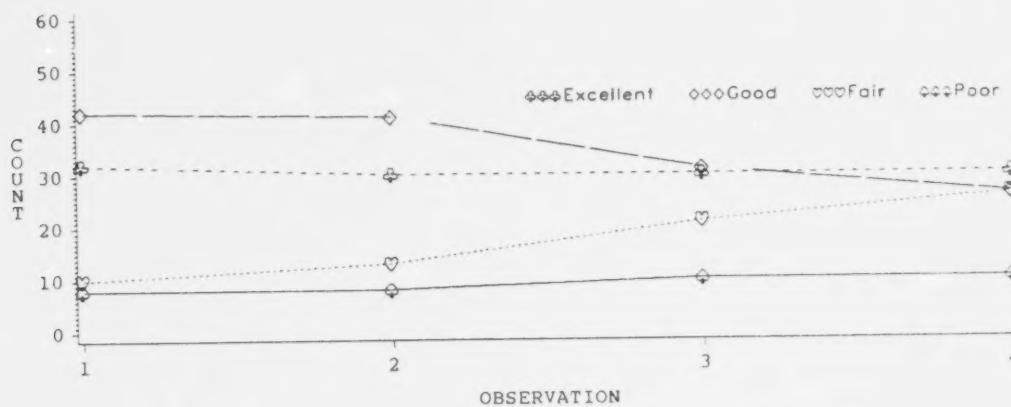
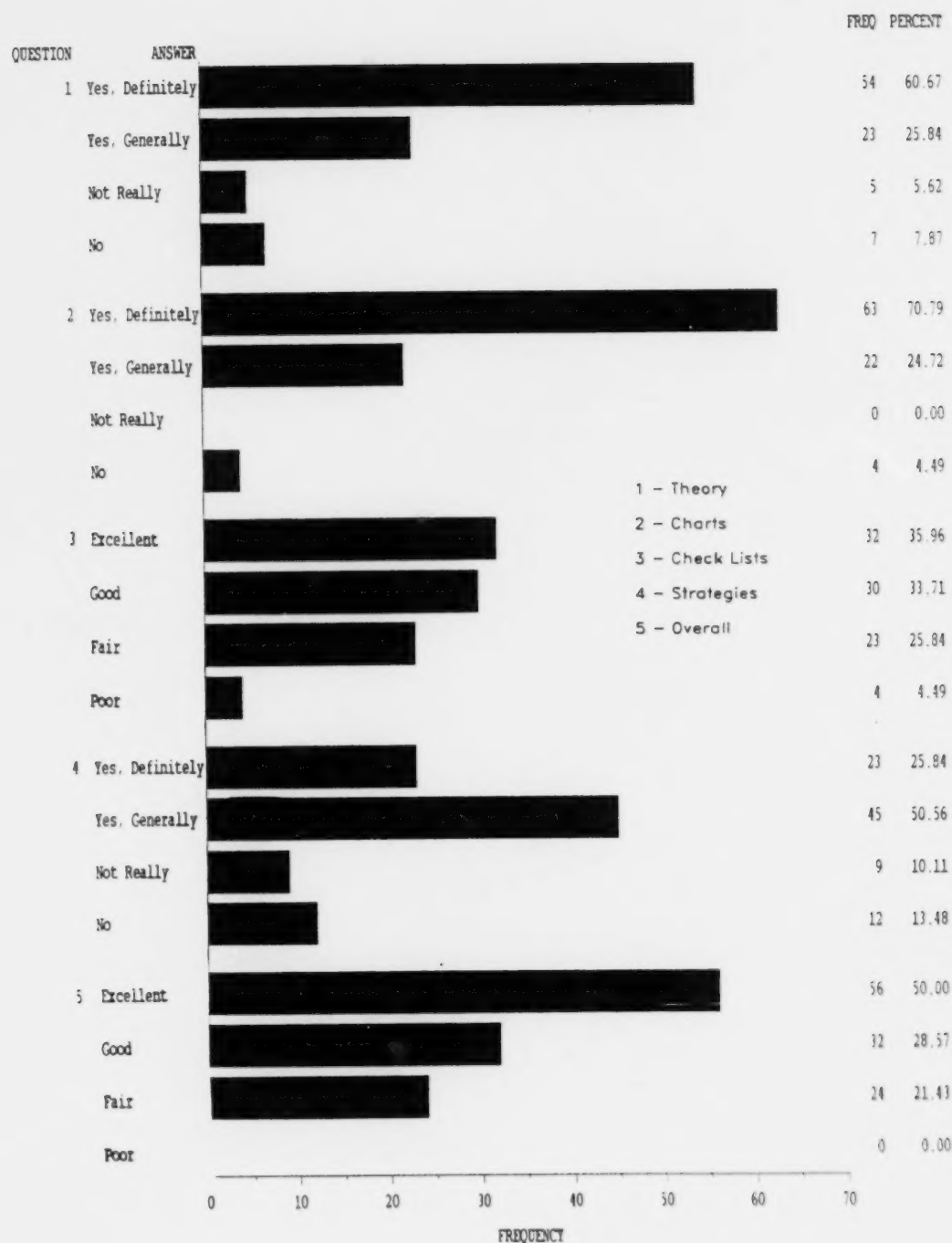


Figure 5 Evaluation of Teacher Performance - Appendix C
Question 5 - Individual Programming / Care

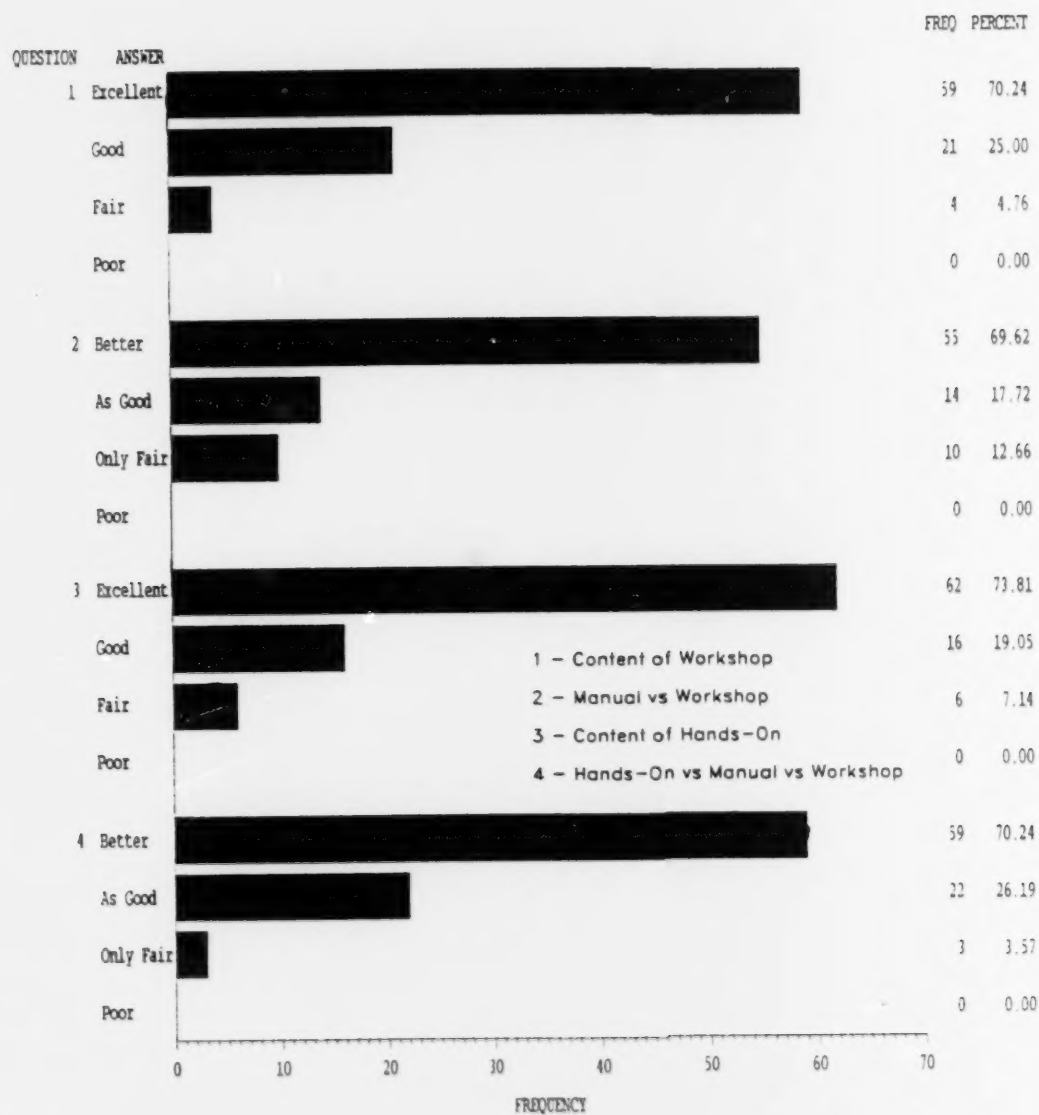
Most significant change occurred with teachers who were in the fair to good category. This was consistent in behaviors, attitudes and abilities. Teachers who were evaluated as poor generally remained in that category. However, percentage was low (less than 10%). After eight months, although there was usually limited increase in the excellent category, the positive change in teachers originally rated as good/fair was significant (10-30%).

Change in teacher behavior, skills and abilities was due to the multi-educational approach program. Each centre was provided with the writer's manual on specific diagnosis and difficulties experienced by special needs preschoolers designed for this particular approach (Appendix I). Theoretical information based on research findings together with screening tools, behaviors associated with particular problems, specific information and techniques for the management and care of these children in group situations were included. Despite the fact that the training manual, the workshops and the demonstrations were evaluated separately there were no instances of one being used to the exclusion of the others. Figure 6 presents feedback from teachers on the usefulness of the training manual as a reference resource. Ratings of good or excellent were presumed to be positive. Overall, it was received positively by approximately 84% of the population involved. Theories (85%) and charts(94%) were most highly valued. Negative ratings of fair or poor represented a very low percentage (ranging from 0.00 to 14%).

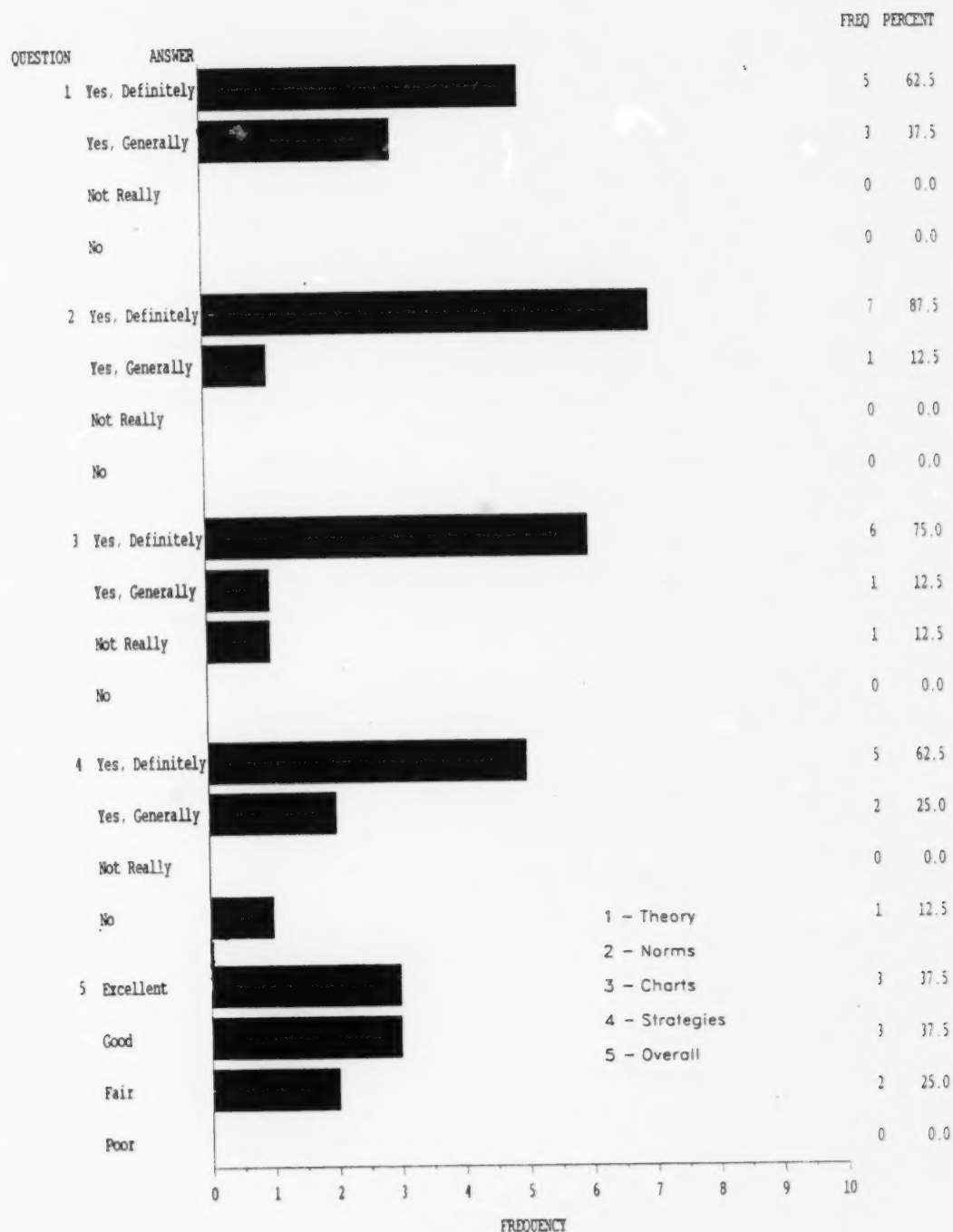
The second component of the multi approach involved workshops combined with "hands-on" demonstrations. Again, out of 121 teachers,



Teacher Rating of Manual - Appendix D
Figure 6



Teacher Rating of Workshops / Demonstrations - Appendix E
Figure 7



Expert Evaluation of Manual - Appendix H
Figure 8

89 completed the program and responded to the evaluative questionnaires. There were two series of workshops, three months apart. The first workshop presentations included demonstrations by the writer of strategies to be used by playroom teachers in handling behaviors and/or situations. Teachers were asked to provide examples of difficult situations which could then be used in the teaching of techniques responding to "real" issues found in the centres. The second series of workshops, presented three months later, required teachers to demonstrate learned techniques in a "hands-on" situation.

Figure 7 represents teacher rating on workshops and hands-on demonstrations in terms of content. Workshops were well received with 95% responding positively. Hands-on demonstrations were only slightly less popular (93%). Figure 7 also speaks to comparative effectiveness of the manual vs workshop vs hands-on techniques. In comparing effectiveness of workshops to the manual, 70% responded that it was better, 18% as good while only 13% preferred the manual. Comparing hands-on demonstrations with workshops or manual, 70% responded better, 26% as good and 4% as only fair. Considering this feedback, teachers showed a slight preference for hands-on demonstrations over workshops (96% vs 87%).

Lastly, a group of experts in the field were surveyed for their comments on the manual primarily as a quick reference source in regard to reliability and appropriateness of content. Response was positive and the manual was well received (refer to Figure 8). All of these evaluators requested copies of the manual and have reported its usefulness with parents and teachers.

Discussion and Conclusions

Analysis of the data suggested that while the differential between the three components, namely, manual, workshop and demonstrations was minimal, the positive response to all three cannot be denied. Although each questionnaire provided for additional comments, they were not tabulated or included in the data. A recurring comment referred to the helpful aspect of the manual as a reference resource. Age norms, deviances and individual child profile provided concrete comparisons which were helpful to educators in becoming aware of children with specific difficulties and to focus more readily on individual needs. Follow-up questionnaires to early childhood centres (Appendix F) were limited due to the small number of exceptional children placed in centres during this time period. Of those received, quality of reporting was more concise and clarity improved as compared with information on earlier questionnaires. No significant data were accumulated on the Comparative Studies: Referrals and Placements (Appendix F). A more lengthy time frame was needed for this component of the study.

An area which presented the need for more in-depth discussion and clarification was the theoretical aspects of the presenting problem. The workshops and demonstrations provided a vehicle for discussion. Again, analysis of the data confirmed the usefulness of the multi approach as reported by Pearson (1984) who found that multiple levels of messages, simplicity and clarity stimulated a variety of senses of the listener. A very real advantage to the multi approach was its ability to appeal to those involved on one level or another. Many

educators avoided demonstrations, feeling inadequate and uncomfortable but were adept in discussion groups. Others were better able to integrate information through active involvement.

A small percentage (less than 10%) of educators did not improve skills. Supervisors and others who were motivated to improve techniques showed enthusiasm about the workshops and in owning a manual influenced others in their centres. It was more difficult to motivate staff in centres where special needs children were not appreciated or recognized. In these instances it was the hands-on demonstrations that encouraged interest in other aspects of the program.

The change in teacher behavior correlated positively with increased competence as seen in Figures 1-5. Kenny and Edwards (1987) refers to the importance of competencies of teachers working with handicapped children. Greenwood (1977) emphasized the need for knowledge of behavioral indicators and Kochanek (1990) studied the positive aspects of early identification of developmentally disabled and at-risk preschool children as a deterrent to adolescent difficulties but found that further research studies stressed the importance of improving the quality of life at the preschool level through competency of teachers and appropriate care and programming.

Recommendations

The enthusiastic and motivated response to this program indicates the significant need for it to be made available to considerably more centres. As well, it would be advantageous to do a follow-up to ascertain long term effects on educators, centres and children involved.

Other recommendations include:

1. Improvement in Evaluative Observation on Teacher Performance Scale (Appendix C). A component which looked at the overall improvement of the teacher was not included.
2. Assessment of increased referrals and placements needed a longer time period (one year following the program) to provide significant data on possible increase.
3. Development of a second manual which addresses other difficulties, particularly the more common (but equally as complex ones i.e., temper tantrums, sleeping and eating disorders and disobedience).
4. Use of students, interns or volunteers as raters could add objectivity as well as free up the researcher for other duties.

Dissemination

As previously noted, during implementation of the program, the manual was distributed to ten early childhood education centres reaching 121 educators. Most educators (63) requested personal copies. Ten manuals were distributed to recognized experts in the field, all of whom wished to retain it as a reference resource. Hospital interns (12) (social work/psychology) requested copies. Other hospital workers (16) requested permission to reproduce specific sections to share with clients.

A workshop which was requested by the supervisor of the Pediatric playroom and head nurse of the floor resulted in the manual becoming a resource in all hospital pediatric playrooms across the province (40-60). Requests for workshops in many of these hospitals have been

received (several have already taken place).

Response to the training manual has been extremely positive. Although public and separate schools were not included in the original program (time line restraints) ten community schools now use the manual, four workshops have been presented to date and a request for presentations at two Professional Development Seminars have been received.

The local community college together with the Provincial Association of Early Childhood Education have contracted for a full day fall workshop and have specifically requested that the manual be made available to participants (100-200).

Finally, and perhaps most significant, the local college has asked that consideration be given to using this manual as a text for the early childhood education students. This, of course, would require publication of the manual "The Special Child: Strategies for Treatment and Management". The result of this practicum leaves little doubt that early childhood educators are motivated to improve their skills in working with exceptional children.

REFERENCES

- Allen, P.G. (1976). The effect of interpersonal censure on the cognitive performance of acute process and reactive schizophrenic patients. Journal of Psychology, 87, 103-106.
- American Psychiatric Association. (1968). Diagnostic and Statistical Manual of Mental Disorders, 2nd ed. revised (DSM-II). American Psychiatric Association: Washington.
- American Psychiatric Association. (1988). Diagnostic and Statistical Manual of Mental Disorders, 3rd ed. revised (DSM-III-R). American Psychiatric Association: Washington.
- Baker, J., & Zigmond, N. (1990). Are regular education classes equipped to accommodate students with learning disabilities? Exceptional Children, 56 (6), 515-526.
- Bandura, A. (1973). Aggression: A Social Learning Analysis. Prentice-Hall: New Jersey.
- Bender, L. (1969). A longitudinal study of schizophrenic children with autism. Hospital and Community Psychiatry, 20, 230-237.
- Beres, D. (1956). Ego deviation and the concept of schizophrenia. Psychoanalytic Study of the Child, 11 (2), 164-235.
- Bond, C.R., & McMahon, R.J. (1984). Relationships between marital distress and child behavioral problems, maternal personal adjustments, maternal personality, and maternal parenting behavior. Journal of Abnormal Psychology, 93, 348-351.
- Bowlby, J. (1973). Attachment and Loss Volume 2, Separation. Basic Books: New York.
- Bricker, D., & Littman, D. (1982). Intervention and evaluation: The inseparable mix. Topics in Early Childhood Education, 1 (4), 23-33.
- Brinich, P.M. (1984). Aggression in early childhood: Joint treatment of children and parents. In A.J. Salnet, R.S. Eissler, & P.J. Neuhover (Eds.), The Psychoanalytic Study of the Child (pp. 258-493). Yale University Press: New Haven.
- Chethik, M. (1985). Levels of borderline functioning in children: Etiological and treatment considerations. American Journal of Orthopsychiatry, 56 (1), 109-119.
- Cohen, D.J., Shaywitz, S.E., Young, J.G., & Shaywitz, B.A. (1983). Borderline syndromes and attention deficit disorders of childhood: Clinical and neurochemical perspectives. In K.S. Robson (Ed.), The Borderline Child, Approaches to Etiology, Diagnosis, and Treatment (pp. 286-332). McGraw-Hill: New York.

- Conners, C.K. (1971). Drugs in the management of children with learning disabilities. In L. Tarnapol (Ed.), Learning Disorders in Children: Diagnosis, Medication and Education. Little, Brown: Boston.
- Coren, H.Z., & McKale, M.A. (1985). Community mental health unraveling: The folly of cost containment. American Journal Orthopsychiatry, 55 (4), 618-619.
- Cytryn, L., & McKnew, D.H. (1974). Proposed classification of childhood depression. American Journal of Psychiatry, 129 (3), 149-155.
- Davis, W.A., & Shepard, L.A. (1983). Specialist use of tests and clinical judgments in the diagnosis of learning disabilities. Journal of the Council of Learning Disabilities, 6 (2), 128-138.
- Deluty, R.H. (1981). Alternative-thinking ability of aggressive assertive, and submissive children. Cognitive Therapy and Research, 5, 309-312.
- Dodge, K.A. (1980). Social cognitive and children's aggressive behavior. Child Development, 51, 162-170.
- Ekstein, R., & Wallerstein, J. (1954). Observations on the psychotherapy of borderline and psychotic children. Psychoanalytic Study of the Child, 11 (3), 303-311.
- Engel, M. (1979). Psychological testing of borderline psychotic children. Archives of General Psychiatry, 8 (1), 426-434.
- Frank, A.R., Keith, T.Z., & Steel, D.A. (1988). Training needs of special education paraprofessionals. Exceptional Children, 55 (3), 253-258.
- French, A., & Berlin, I. (1979). Depression in Children and Adolescents. Human Sciences Press: New York.
- Freud, A. (1965). Normality and pathology in childhood. International Universities Press: New York.
- Friedman, R., Sandler, J., Hernandez, M., & Wolfe, D. (1982). Child abuse. In E.J. Mash, & I.G. Terdal (Eds.), Behavioral Assessment of Childhood Disorders (pp. 221-255). Guildford: New York.
- Garfield, D.B., & Galombek, H. (1974). Suicide and depression in childhood and adolescence. Canadian Medical Association Journal, 11, 1278-1286.
- Geleerd, E.R. (1958). Borderline states in childhood and adolescence. Psychoanalytic Study of the Child, 13 (3), 279-295.

- Hamill, D.D., Leight, J.E., McNult, G., & Larsen, S.C. (1981). A new definition of learning disabilities. Learning Disabilities Quarterly, 4 (4), 336-341.
- Kazdin, A.E. (1989). Childhood depression. In E.J. March, & R.A. Barkley (Eds.), Treatment of Childhood Disorders (pp. 221-246). The Guilford Press: New York.
- Kanner, L. (1943). Autistic disturbances of affective contact. Nervous Child, 2, 217-250.
- Karnski, W. (1983). Attention deficit disorder: A guide for the practitioner. Pediatrics in Review, 70 (4), 257-261.
- Kenney, P.G. & Edward, B.A. (1987). Technology competencies for teachers of your children with severe handicaps. Topics in Early Childhood Special Education, 7 (3), 105-115.
- Kernberg, O.F. (1975). Borderline conditions and Pathological Narcissism. Jason Aronson: New York.
- Kernberg, O. (1975). Borderline personality organization, Journal of American Psychoanalytic Association, 15 (2), 641-685.
- Kernberg, O. (1983). Structural derivatives of object relationships. International Journal of Psychoanalysis, 47 (3), 236-253.
- Kinsbourne, M., & Caplan, P.J. (1979). Learning disabilities and attention problems. The Hyperactive Child, 3 (1), 46-53.
- Kochanek, R.T., Kabacoff, R.I., & Lipsitt, L.P. (1990). Early identification of developmentally disabled and at-risk preschool children. Exceptional Children, 56 (6), 528-538.
- Konstantareas, M.M., Oxmon, J., & Webster, C.D. (1978). Simultaneous communication with autistic and other severely dysfunctional children. Journal of Communicative Disorders, 10, 267-282.
- Lambert, N.M. (1988). Perspectives on eligibility for and placement in special education programs. Exceptional Children, 54 (4), 297-301.
- Locher, R. (1982). The stability of antisocial and delinquent behavior. Child Development, 53, 1431-1446.
- Mahler, M.S., & Kaplan, L. (1968). Developmental aspects in the assessment of narcissistic and so-called borderline personalities. In P. Hartocollis (Ed.), Borderline personality disorders (pp. 168-201). International Universities Press: New York.
- Mahler, M.S., & Gosliner, B.J. (1949). On symbiotic child psychosis. Psychoanalytic Study of the Child, 10 (3), 195-212.

- Maple, C.C. (1983). Is special education certificate a guarantee of teaching excellence? Exceptional Children, 49 (4), 308-313.
- Mash, E.J., & Terdal, L.G. (1988). Behavioral Assessment of Childhood Disorders. The Guilford Press, N.Y.
- Messerer, J., & Lerner, J.W. (1989). Word Processing for Learning Disabled Students. Learning Disabilities Focus, 5 (1), 13-17.
- Minuchin, P.P., & Shapero, E.K. (1983). The school as a context for social development. In P.H. Mussen (Ed.), Handbook of Child Psychology (pp. 286-321). Wiley: New York.
- Patterson, G.R. (1982). Intervention for boys with conduct problems: Multiple settings, treatments, and criteria. Journal of Consulting Clinical Psychology, 42, 471-781.
- Pearson, J.M. (1984). Attitudes of and use of the audiovisual resources by Virginia dietitians. Journal of the American Dietetic Association, 84 (4), 452-453.
- Policies and Procedures. (1988). Hospital Publication
- Puig-Antich, J., & Weston, B. (1983). The diagnosis and treatment of major depressive disorders in childhood. Annual Review of Medicine, 34, 231-245.
- Regional Resource Committee. (1982). Community response to children's needs. Regional Printing Office.
- Regional Resource Committee. (1985). Comparison of children's needs and services. Regional Printing Office.
- Rincover, A., & Koegel, K.L. (1975). Setting generality and stimulus control in autistic children. Journal of Applied Behavior Analysis, 8, 235-246.
- Rimland, B. (1971). The differentiation of childhood psychoses: An analysis of checklists for 2,218 psychotic children. Journal of Autism and Childhood Schizophrenia, 1, 161-174.
- Rinsley, D.B. (1982). Borderline and other self disorders. Jason Aronson: New York.
- Robins, L.N. (1974). Antisocial behavior disturbances of childhood: Prevalence, prognosis, and prospects. In E.J. Anthony, & C. Koupernik (Eds.), The Child in his Family: Children at Psychiatric Risk (pp. 625-669). Wiley: New York.
- Rubin, S. (1982). Expressive language deficits in preschool children and faulty development of the self. American Journal of Orthopsychiatry, 52 (1), 58-64.

- Rutter, M. (1974). Etiology and treatment: Cause and cure. In M. Rutter, & E. Schopfer (Eds.). Autism: A Reappraisal of Concepts and Treatment (pp. 327-355). Plenum Press: New York.
- Shaywitz, S.E., & Shaywitz, B.A. (1984). Evaluation and treatment of children with attention deficit disorder. Pediatrics in Review, 6 (4), 99-109.
- Sherburne, S., Utley, B., McConnell, S., & Gannon, J. (1988). Decreasing violent and aggressive children with behavior disorders. Exceptional Children, 55 (2), 166-172.
- Slater, E., & Cowie, V. (1960). The Genetics of Mental Disorders. Oxford University Press: London.
- Smith, D.K., & Lyon, M.A. (1986). School psychologists' attributions for success and failure in consultation with parents and teachers. The American Psychological Association, 17 (3), 205-209.
- Snyder, J., & Brown, K. (1983). Oppositional behavior and noncompliance in preschool children: Environmental correlates and skills deficits. Behavioral Assessment, 5, 333-348.
- Social Services Department. (1981). Response to special needs preschoolers (0-6 years). Regional Printing Office.
- Spotnitz, H. (1976). Psychotherapy of Preoedipal Conditions. Jason Aronson: New York.
- Spitz, R.A. (1954). Infant depression and the general adaptation syndrome. In P.H. Hack, & J. Zugin (Eds.), Depression (pp. 425-486). Grune and Stratton: New York.
- Strain, D.S. (1984). Efficacy research with young handicapped children: A critique of the status quo. Journal of the Division for Early Childhood Education, 9 (1), 32-44.
- Takaniski, R., & Feshback, N. (1982). Early childhood special education programs, evaluation, and social policies. Topics in Early Childhood Special Education, 1 (4), 1-9.
- Thomas, A., Chess, S., & Birch, H.G. (1968). Temperament and Behavior Disorders in Children. New York University Press: New York.
- Walden, E.L., & Thompson, S.A. (1981). A review of some alternative approaches to drug management of hyperactivity in children. Journal of Learning Disabilities, 8 (2), 38-46.
- Wing, L. (1966). Social, behavioral, and cognitive characteristics: An epidemiological approach. In M. Rutter, & E. Schopfir (Eds.). Autism: A Reappraisal of Concepts and Treatment (pp. 27-45). Plenum Press: New York.

Wishon, P.M. (1982). Serving handicapped young children: Six imperatives. The Journal of the National Association for the Education of Young Children, 38 (1), 28-32.

Yamamoto, H.D. (1988). Establishing successful programs. Teaching Exceptional Children, 20 (3), 61-64.

APPENDIX A

ORGANIZATIONAL CHART: PSYCHIATRIC SERVICES

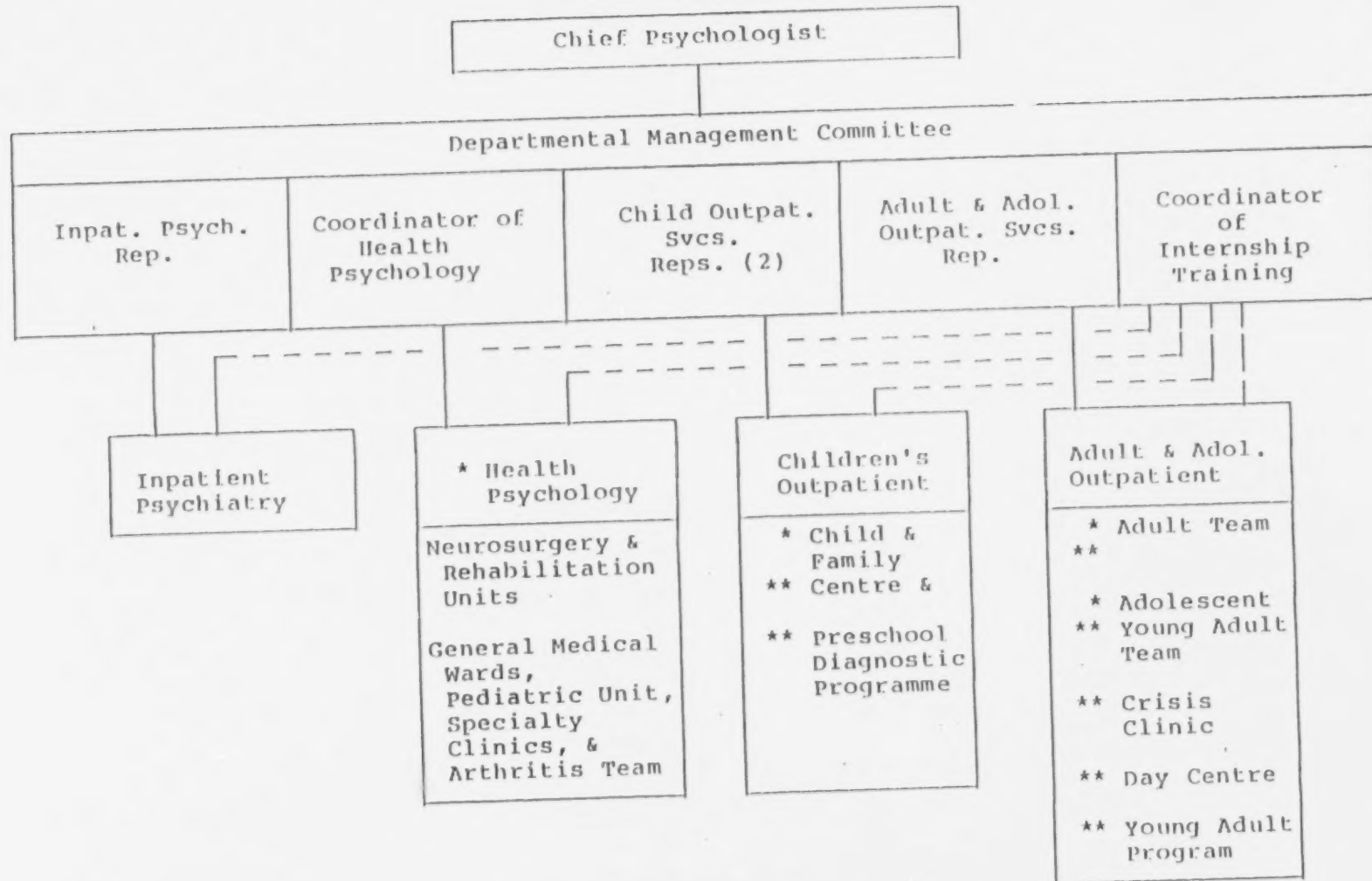
477



APPENDIX B
ADMINISTRATION ORGANIZATION

ADMINISTRATIVE ORGANIZATION

46



* Coordinators of Psychological Services are Appointed in Each Service Area to Which Two or More Psychology Staff are Assigned.

** Psychology Staff May Be Appointed as Interdisciplinary Team Coordinators in Each of These Areas.

APPENDIX C

EVALUATIVE OBSERVATION ON TEACHER PERFORMANCE

EVALUATIVE OBSERVATION INFORMATION ON TEACHER PERFORMANCE

48

Observations to be done on semi-monthly basis over a period of at least one hour per visit.

1. Interaction with Special Needs child.

4
Excellent
3
Good
2
Fair
1
Poor

Comments: _____

2. Understanding of child's behaviour.

4
Excellent
3
Good
2
Fair
1
Poor

Comments: _____

3. Ability to deal appropriately with behaviour/situation.

4
Excellent
3
Good
2
Fair
1
Poor

4. Ability to provide needed guidance, i.e. structure, self-esteem, discipline, unconditional positive regard, etc.

4
Excellent
3
Good
2
Fair
1
Poor

Comments: _____

5. Ability to provide appropriate individual programming/care.

4
Excellent
3
Good
2
Fair
1
Poor

Comments: _____

APPENDIX D
TEACHER SATISFACTION QUESTIONNAIRE
(MANUAL)

TEACHER SATISFACTION QUESTIONNAIRE ON INFORMATION MANUAL

50

Please help improve this Manual by responding to questions on the content and usefulness in dealing with Special Needs children in your centre. Your comments and suggestions are welcomed. Thank you for your help.

Please circle your answer:

1. Theories and information on the diagnosed problem helped in understanding and relating more appropriately to the child.

4
Yes, definitely
3
Yes, generally
2
Not really
1
No

Comments: _____

2. Charts on age appropriate vs. deviant development were helpful.

4
Yes, definitely
3
Yes, generally
2
Not really
1
No

Comments: _____

3. How would you rate behavioural checklists?

4
Excellent
3
Good
2
Fair
1
Poor

4. Have suggested strategies helped in dealing with behaviours/situations?

4
Yes, definitely
3
Yes, generally
2
Not really
1
No

Comments: _____

5. Overall, how would you rate this Manual as a useful tool in dealing with Special Needs children?

4
Excellent
3
Good
2
Fair
1
Poor

Comments: _____

APPENDIX E

TEACHER SATISFACTION QUESTIONNAIRE

(WORKSHOPS AND "HANDS-ON" DEMONSTRATIONS)

TEACHER SATISFACTION QUESTIONNAIRE

52

WORKSHOPS AND "HANDS-ON" DEMONSTRATIONS

Please provide feedback by responding to the following questions. Thank you.

Circle your answer:

1. Workshop content.

4
Excellent
3
Good
2
Fair
1
Poor

Comments: _____

2. In comparison to manual, please rate effectiveness of workshop.

Better

As good

Only fair

Poor

Comments: _____

3. "Hands-on" demonstration.

4
Excellent
3
Good
2
Fair
1
Poor

4. In comparison to workshop or manual, please rate effectiveness.

4
Better
3
As good
2
Only fair
1
Poor

Comments: _____

Additional Comments: _____

APPENDIX F

COMPARATIVE STUDIES: REFERRALS AND PLACEMENTS

PRESCHOOL DIAGNOSTIC AND TREATMENT PROGRAM
COMPARATIVE STUDY OF REFERRALS FOR 1989 vs. 1990

54

Introduction

This study was done to assist in analyzing the effect of information sharing primarily through workshops and the use of an information manual, on the numbers of referrals.

A study looked at other identifying information for other purposes.

Section I Client Characteristics

- | <u>1. Gender of</u>
<u>Identified Patient</u> | <u>PDP 1989</u> | <u>PDP 1990</u> |
|--|-----------------|-----------------|
| Male | | |
| Female | | |
-
- | <u>2. Age of Identified</u>
<u>Patient</u> | | |
|---|--|--|
| 0 - 1 | | |
| 2 - 4 | | |
| 5 - 7 | | |
| 8 - 11 | | |
| 12 + | | |
-
- | <u>3. Child Status</u> | | |
|------------------------|--|--|
| Biological | | |
| Foster | | |
| Adopted | | |
| No information | | |
-
- | <u>4. Marital-Family Status</u> | | |
|---------------------------------|--|--|
| Married | | |
| Single | | |
| Reconstituted (step) | | |
| Other | | |
| No information | | |
-
- | <u>5. Father's Education</u> | | |
|------------------------------|--|--|
| Grade 1 - 8 | | |
| Grade 9 - 11 | | |
| Grade 12 - 13 | | |
| University | | |
| Community College | | |
| No information | | |

PRESCHOOL DIAGNOSTIC AND TREATMENT PROGRAM
COMPARATIVE STUDY OF CHILD PLACEMENTS

55

<u>Diagnosis</u>	<u>Gender</u>	<u>Age</u>	<u>Placement</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
<u>Behavioural Disorders</u>							
A.D.D.							
A.D.H.D.							
Disruptive							
Reactive							
Other							
<u>Personality Disorders</u>							
Oppositional							
Isolated							
Tension-Discharge							
(anger)							
Impulsive							
Compulsive							
Separation-Anxiety							
Anxious							
Depressive							
Gender Confusion							
Other							
<u>Healthy Responses</u>							
Developmental Crisis							
Situational Crisis							
Other							
<u>Psychotic Disorders</u>							
Autism							
Childhood Schizophrenia							
Borderline Personality							
Pervasive Development							
Disorder							
Other							

APPENDIX G

FOLLOW-UP QUESTIONNAIRE TO EARLY CHILDHOOD EDUCATION CENTRES

CHILD AND FAMILY CENTRE AND PRESCHOOL DIAGNOSTIC AND TREATMENT PROGRAM
FOLLOW-UP QUESTIONNAIRE

Your cooperation in supplying the following information will be of great assistance to us in doing a follow-up on the child named below and so that we can continue to be of assistance to you through this contact. Please complete in duplicate: return one, retain one for your files.

To: _____ Attention: _____

Address: _____ Phone: _____

Regarding: _____ Birthdate: _____

Areas of concern: (As seen by the Preschool Diagnostic and Treatment Program)

Assessment of Program Supplied: (If applicable)

In dealing with this child in your program, have you found the program suggestions and information provided to be:

☐ Helpful

☐ Not applicable

☐ Not sufficiently specific

Comments: _____

Progress of Child: (Please refer to "Areas of Concern" as outlined above, and comment on relevant categories below.)

Cognition: (Learning new concepts, colours, gaining skills, etc.)

Response to limits and direction: _____

Self help skills: _____

Language development: _____

Socialization: _____

Gross and fine motor: _____

New Areas of Concern: (Please indicate any new concerns since this child
has been in your program)

Please describe what you have tried to do about these new concerns, if
there are any:

Parent Contact:

In dealing with the parents of this child, has your contact been:

- ☐ Sporadic (infrequent and not very meaningful contact; only talk casually or not at all)
- ☐ Occasional (not arranged interviews, but ongoing contact to discuss how child is doing at school)
- ☐ Consistent (pre-arranged interviews on a regular basis)

Comments: (Please indicate strengths and weaknesses you see in the parent/child relationship.)

Contact with other agencies: (Please describe agency and type of contact if applicable regarding this child, since placement.)

Does child attend school regularly? ☐ Yes ☐ No

Do you consider this an appropriate placement for this child?

☐ Yes ☐ No

Comments: _____

Evaluation of Service: Please check any of the following which you feel would be more helpful in the future:

- | | |
|--|---|
| ☐ more feedback | ☐ longer interventions |
| ☐ more mutual planning | ☐ more work with parents |
| ☐ briefer interventions (less than 6 weeks) | ☐ more consultation |

Comments: _____

Thank you for your time and cooperation.

Mickie Ellis
Preschool Diagnostic & Treatment
Program

Completed by

Date

APPENDIX H
EVALUATIVE QUESTIONNAIRE
(EXPERTS IN THE FIELD)

**Evaluative Questionnaire on "The Special Child":
Strategies for Treatment and Management**

Please provide feedback by responding to the following questions.
Constructive criticism will be appreciated.

1. Theories and information on the disorder addressed were relevant and current.

Yes, definitely Yes, generally Not really No

Comment: _____

2. Normative data was accurate.

Yes, definitely Yes, generally Not really No

Comment: _____

3. Charts on age appropriate vs deviant development were accurate and could be useful.

Yes, definitely Yes, generally Not really No

Comment: _____

4. Are suggested strategies appropriate to the problem?

Yes, definitely Yes, generally Not really No

Comment: _____

5. Overall, how would you rate this manual as a useful tool in dealing with Special Needs Children?

Excellent _____ Good _____ Fair _____ Poor _____

Comments: _____

Additional Comments: _____

APPENDIX I
CONTENTS OF INFORMATION MANUAL

September 10, 1990

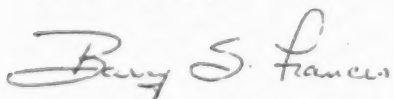
Ms. Mickie Ellis
338 Glasgow Street
Kitchener, Ontario
N2M 2M8

Dear Ms. Ellis:

RE: DOCTORATE IN EDUCATION, EARLY AND MIDDLE CHILDHOOD --
PRACTICUUM II

This is a letter of permission for you to use the Psychology Department Organizational Chart and the Job Description for the Psychometrist II position from the Kitchener-Waterloo Hospital, Department of Psychology, Policy and Procedure Manual as part of your 'Practicum II' with Nova University as noted above.

Yours truly,



Barry S. Francis, Ph.D., C.Psych.
Director of Psychology

BSF/lr
CD-OPD-1

September 10, 1990

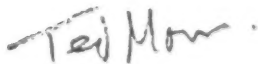
Ms. Mickie Ellis
338 Glasgow Street
Kitchener, Ontario
N2M 2M8

Dear Ms. Ellis:

RE: Doctorate in Education, Early and Middle Childhood
-- Practicum II --

This is a letter of permission for you to use the Organizational Chart from the Kitchener-Waterloo Hospital, Psychiatric Services Policy Manual as part of your 'Practicum II' with Nova University as noted above.

Yours truly,



Ted Mavor, M.S.W., C.S.W.,
Acting Director, Psychiatric Services

TM/ks